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ICD-9-CM Professional

*for Hospitals
Volumes 1, 2, & 3*

*International Classification of Diseases
9th Revision
Clinical Modification*

Sixth Edition

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Codes Valid October 1, 2008, through September 30, 2009

Coding Guidelines

Effective October 1, 2007

Narrative changes appear in bold text. Items underlined have been moved within the guidelines since November 15, 2006. The guidelines include the updated V Code Table

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). These guidelines should be used as a companion document to the official version of the ICD-9-CM as published on CD-ROM by the U.S. Government Printing Office (GPO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-9-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are included on the official government version of the ICD-9-CM, and also appear in "*Coding Clinic for ICD-9-CM*" published by the AHA.

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-9-CM itself. These guidelines are based on the coding and sequencing instructions in Volumes I, II and III of ICD-9-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-9-CM diagnosis and procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Volumes 1-2) have been adopted under HIPAA for all healthcare settings. Volume 3 procedure codes have been adopted for inpatient procedures reported by hospitals. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses and procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

The term encounter is used for all settings, including hospital admissions. In the context of these guidelines, the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient's diagnosis. Only this set of guidelines, approved by the Cooperating Parties, is official.

The guidelines are organized into sections. Section I includes the structure and conventions of the classification and general guidelines that apply to the entire classification, and chapter-specific guidelines that correspond to the chapters as they are arranged in the classification. Section II includes guidelines for selection of principal diagnosis for non-outpatient settings. Section III includes guidelines for reporting additional diagnoses in non-outpatient settings. Section IV is for outpatient coding and reporting.

Section I. Conventions, general coding guidelines and chapter specific guidelines

A. Conventions for the ICD-9-CM

1. Format:
2. Abbreviations
 - a. Index abbreviations
 - b. Tabular abbreviations
3. Punctuation
4. Includes and Excludes Notes and Inclusion terms
5. Other and Unspecified codes
 - a. "Other" codes
 - b. "Unspecified" codes
6. Etiology/manifestation convention ("code first", "use additional code" and "in diseases classified elsewhere" notes)
7. "And"
8. "With"
9. "See" and "See Also"

B. General Coding Guidelines

1. Use of Both Alphabetic Index and Tabular List
2. Locate each term in the Alphabetic Index
3. Level of Detail in Coding
4. Code or codes from 001.0 through V89.09
5. Selection of codes 001.0 through 999.9
6. Signs and symptoms
7. Conditions that are an integral part of a disease process

8. Conditions that are not an integral part of a disease process
9. Multiple coding for a single condition
10. Acute and Chronic Conditions
11. Combination Code
12. Late Effects
13. Impending or Threatened Condition
- C. Chapter-Specific Coding Guidelines
 1. Chapter 1: Infectious and Parasitic Diseases (001-139)
 - a. Human Immunodeficiency Virus (HIV) Infections
 - b. Septicemia, Systemic Inflammatory Response Syndrome (SIRS), Sepsis, Severe Sepsis and Septic Shock
 2. Chapter 2: Neoplasms (140-239)
 - a. Treatment directed at the malignancy
 - b. Treatment of secondary site
 - c. Coding and sequencing of complications
 - d. Primary malignancy previously excised
 - e. Admissions/Encounters involving chemotherapy, immunotherapy and radiation therapy
 - f. Admission/encounter to determine extent of malignancy
 - g. Symptoms, signs, and ill-defined conditions listed in Chapter 16 **associated with neoplasms**
 - h. Admission/encounter for pain control/management
 3. Chapter 3: Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240-279)
 - a. Diabetes mellitus
 4. Chapter 4: Diseases of Blood and Blood Forming Organs (280-289)
 - a. Anemia of chronic disease
 5. Chapter 5: Mental Disorders (290-319)
Reserved for future guideline expansion
 6. Chapter 6: Diseases of Nervous System and Sense Organs (320-389)
 - a. Pain - Category 338
 7. Chapter 7: Diseases of Circulatory System (390-459)
 - a. Hypertension
 - b. Cerebral infarction/stroke/cerebrovascular accident (CVA)
 - c. Postoperative cerebrovascular accident
 - d. Late Effects of Cerebrovascular Disease
 - e. Acute myocardial infarction (AMI)
 8. Chapter 8: Diseases of Respiratory System (460-519)
 - a. Chronic Obstructive Pulmonary Disease [COPD] and Asthma
 - b. Chronic Obstructive Pulmonary Disease [COPD] and Bronchitis
 - c. Acute Respiratory Failure
 - d. **Influenza due to identified avian influenza virus (avian influenza)**
 9. Chapter 9: Diseases of Digestive System (520-579)
Reserved for future guideline expansion
 10. Chapter 10: Diseases of Genitourinary System (580-629)
 - a. Chronic kidney disease
 11. Chapter 11: Complications of Pregnancy, Childbirth, and the Puerperium (630-677)
 - a. General Rules for Obstetric Cases
 - b. Selection of OB Principal or First-listed Diagnosis
 - c. Fetal Conditions Affecting the Management of the Mother
 - d. HIV Infection in Pregnancy, Childbirth and the Puerperium
 - e. Current Conditions Complicating Pregnancy
 - f. Diabetes mellitus in pregnancy
 - g. Gestational diabetes
 - h. Normal Delivery, Code 650
 - i. The Postpartum and Peripartum Periods
 - j. Code 677, Late effect of complication of pregnancy
 - k. Abortions
 12. Chapter 12: Diseases Skin and Subcutaneous Tissue (680-709)
Reserved for future guideline expansion
 13. Chapter 13: Diseases of Musculoskeletal and Connective Tissue (710-739)
 - a. Coding of Pathologic Fractures
 14. Chapter 14: Congenital Anomalies (740-759)
 - a. Codes in categories 740-759, Congenital Anomalies
 15. Chapter 15: Newborn (Perinatal) Guidelines (760-779)
 - a. General Perinatal Rules

INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL FRACTURE (850-854)

EXCLUDES intracranial injury with skull fracture (800-801 and 803-804, except .0 and .5)
 open wound of head without intracranial injury (870.0-873.9)
 skull fracture alone (800-801 and 803-804 with .0, .5)

Note: The description "with open intracranial wound," used in the fourth-digit subdivisions, includes those specified as open or with mention of infection or foreign body.

The following fifth-digit subclassification is for use with categories 851-854:

- 0 unspecified state of consciousness**
- 1 with no loss of consciousness**
- 2 with brief [less than one hour] loss of consciousness**
- 3 with moderate [1-24 hours] loss of consciousness**
- 4 with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level**
- 5 with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level**
 Use fifth-digit 5 to designate when a patient is unconscious and dies before regaining consciousness, regardless of the duration of the loss of consciousness
- 6 with loss of consciousness of unspecified duration**
- 9 with concussion, unspecified**

AHA: 10, '93, 22

850 Concussion

INCLUDES commotio cerebri

EXCLUDES concussion with:
 cerebral laceration or contusion (851.0-851.9)
 cerebral hemorrhage (852-853)
 head injury NOS (959.01)

AHA: 20, '96, 6; 40, '90, 24

850.0 With no loss of consciousness

Concussion with mental confusion or disorientation, without loss of consciousness

✓ 5th 850.1 With brief loss of consciousness

Loss of consciousness for less than one hour

AHA: 40, '03, 76; 10, '99, 10; 20, '92, 5

850.11 With loss of consciousness of 30 minutes or less

CC

CC Excl: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9

850.12 With loss of consciousness from 31 to 59 minutes

CC

CC Excl: See code: 850.11

850.2 With moderate loss of consciousness

CC

Loss of consciousness for 1-24 hours

CC Excl: See code: 850.11

850.3 With prolonged loss of consciousness and return to pre-existing conscious level

CC

Loss of consciousness for more than 24 hours with complete recovery

CC Excl: See code: 850.11

850.4 With prolonged loss of consciousness, without return to pre-existing conscious level

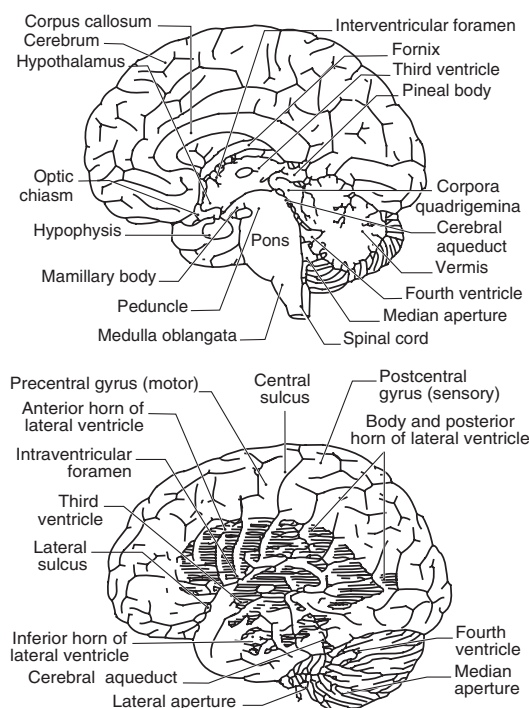
MCC

CC Excl: See code: 850.11

850.5 With loss of consciousness of unspecified duration

CC

CC Excl: See code: 850.11

850.9 Concussion, unspecified**Brain****✓ 4th 851 Cerebral laceration and contusion**

AHA: 40, '96, 36; 10, '93, 22; 40, '90, 24

§ 10 ✓ 5th 851.0 Cortex (cerebral) contusion without mention of open intracranial wound

MCC 5 CC 2-4, 6

CC Excl: For codes 851.02-851.06: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9

§ ✓ 5th 851.1 Cortex (cerebral) contusion with open intracranial wound

MCC

CC Excl: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9

AHA: 10, '92, 9

§ ✓ 5th 851.2 Cortex (cerebral) laceration without mention of open intracranial wound

MCC

CC Excl: See code: 851.1

§ ✓ 5th 851.3 Cortex (cerebral) laceration with open intracranial wound

MCC

CC Excl: See code: 851.1

§ 10 ✓ 5th 851.4 Cerebellar or brain stem contusion without mention of open intracranial wound

MCC 5 CC 2-4, 6

CC Excl: For codes 851.42-851.46: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9

§ ✓ 5th 851.5 Cerebellar or brain stem contusion with open intracranial wound

MCC

CC Excl: See code: 851.1

§ ✓ 5th 851.6 Cerebellar or brain stem contusion with open intracranial wound

MCC

CC Excl: See code: 851.1

























¹⁰ HAC = only for valid CC or MCC codes.


§ Requires fifth-digit. Valid digits are in [brackets] under each code. See beginning of section 850-854 for codes and definitions.





Tabular List

INJURY AND POISONING

851.7–861.0

- §  **851.7** Cerebellar or brain stem laceration with open intracranial wound 
[0-6, 9]
CC Excl: See code: 851.1
- §  **851.8** Other and unspecified cerebral laceration and contusion, without mention of open intracranial wound 
[0-6, 9]
Brain (membrane) NOS
CC Excl: See code: 851.1
AHA: 4Q, '96, 37
- §  **851.9** Other and unspecified cerebral laceration and contusion, with open intracranial wound 
[0-6, 9]
CC Excl: See code: 851.1
-  **852** Subarachnoid, subdural, and extradural hemorrhage, following injury
EXCLUDES Cerebral contusion or laceration (with hemorrhage) (851.0-851.9)
DEF: Bleeding from lining of brain; due to injury.
- §  **852.0** Subarachnoid hemorrhage following injury without mention of open intracranial wound 
[0-6, 9]
Middle meningeal hemorrhage following injury
CC Excl: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9
- §  **852.1** Subarachnoid hemorrhage following injury with open intracranial wound 
[0-6, 9]
CC Excl: See code: 852.0
- §  **852.2** Subdural hemorrhage following injury without mention of open intracranial wound 
[0-6, 9]
CC Excl: For code 852.20: 800.00-801.99, 803.00-804.99, 850.0-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9; For codes 852.21-852.29: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9
AHA: 4Q, '96, 43; For codes 852.21-852.29: 4Q, '07, 107
- §  **852.3** Subdural hemorrhage following injury with open intracranial wound 
[0-6, 9]
CC Excl: See code: 852.0
- §  **852.4** Extradural hemorrhage following injury without mention of open intracranial wound 
[0-6, 9]
Epidural hematoma following injury
CC Excl: See code: 852.0
- §  **852.5** Extradural hemorrhage following injury with open intracranial wound 
[0-6, 9]
CC Excl: See code: 852.0
-  **853** Other and unspecified intracranial hemorrhage following injury
- §  **853.0** Without mention of open intracranial wound 
[0-6, 9]
Cerebral compression due to injury
Intracranial hematoma following injury
Traumatic cerebral hemorrhage
CC Excl: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9
AHA: 3Q, '90, 14
- §  **853.1** With open intracranial wound 
[0-6, 9] CC Excl: See code: 853.0

-  **854** Intracranial injury of other and unspecified nature
INCLUDES brain injury NOS
cavernous sinus
intracranial injury
EXCLUDES any condition classifiable to 850-853
head injury NOS (959.01)
AHA: 1Q, '99, 10; 2Q, '92, 6

- §¹⁰  **854.0** Without mention of open intracranial wound  CC 2-4, 6
[0-6, 9]
CC Excl: For codes 854.02-854.06: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9
AHA: For code 854.00: 2Q, '05, 6
- §  **854.1** With open intracranial wound 
[0-6, 9] CC Excl: 800.00-801.99, 803.00-804.99, 850.0-852.19, 852.21-854.19, 873.8-873.9, 879.8-879.9, 905.0, 925.1-925.2, 929.0-929.9, 958.8-959.09, 959.8-959.9

INTERNAL INJURY OF THORAX, ABDOMEN, AND PELVIS (860-869)

- INCLUDES** blast injuries
blunt trauma
bruise
concussion injuries (except cerebral)
crushing
hematoma
laceration
puncture
tear
traumatic rupture
- } of internal organs

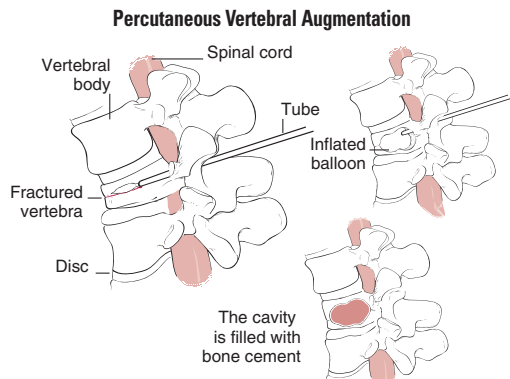
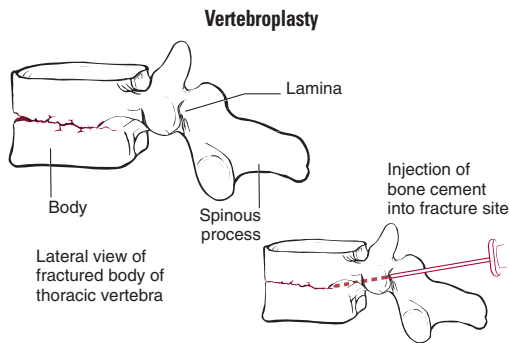
- EXCLUDES** concussion NOS (850.0-850.9)
flail chest (807.4)
foreign body entering through orifice (930.0-939.9)
injury to blood vessels (901.0-902.9)

Note: The description "with open wound," used in the fourth-digit subdivisions, includes those with mention of infection or foreign body.

-  **860** Traumatic pneumothorax and hemothorax
AHA: 2Q, '93, 4
DEF: Traumatic pneumothorax: air or gas leaking into pleural space of lung due to trauma.
DEF: Traumatic hemothorax: blood buildup in pleural space of lung due to trauma.
- 860.0** Pneumothorax without mention of open wound into thorax 
CC Excl: 860.0-860.5, 861.20-861.32, 862.29, 862.39-862.9, 875.0-875.1, 879.8-879.9, 929.0-929.9, 958.7-958.99, 959.8-959.9
- 860.1** Pneumothorax with open wound into thorax 
CC Excl: See code 860.0
- 860.2** Hemothorax without mention of open wound into thorax 
CC Excl: See code 860.0
- 860.3** Hemothorax with open wound into thorax 
CC Excl: See code 860.0
- 860.4** Pneumohemothorax without mention of open wound into thorax 
CC Excl: See code 860.0
- 860.5** Pneumohemothorax with open wound into thorax 
CC Excl: See code 860.0
-  **861** Injury to heart and lung
EXCLUDES injury to blood vessels of thorax (901.0-901.9)
-  **861.0** Heart, without mention of open wound into thorax
AHA: 1Q, '92, 9

¹⁰ HAC = only for valid CC or MCC codes.

§ Requires fifth-digit. Valid digits are in [brackets] under each code. See beginning of section 850–854 for codes and definitions.

**81.63 Fusion or refusion of 4-8 vertebrae**

AHA: 1Q, '07, 20; 14Q, '03, 99-101

81.64 Fusion or refusion of 9 or more vertebrae

AHA: 4Q, '03, 99

81.65 Percutaneous vertebroplasty

Injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) into the diseased or fractured vertebral body

EXCLUDES kyphoplasty (81.66)
►percutaneous vertebral augmentation (81.66)◄

AHA: ►2Q, '08, 15◄

81.66 Percutaneous vertebral augmentation

►Arcuoplasty

Insertion of inflatable balloon, bone tamp, or other device displacing (removing) (compacting) bone to create a space (cavity) (void) prior to the injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) or other substance

Kyphoplasty
SKyphoplasty
Spineoplasty◄

EXCLUDES ►percutaneous vertebroplasty (81.65)◄

AHA: 1Q, '07, 5, 7; 3Q, '06, 13; 4Q, '04, 126

✓4th 81.7 Arthroplasty and repair of hand, fingers, and wrist

INCLUDES arthroplasty of hand and finger with: external traction or fixation graft of bone (chips) or cartilage internal fixation device or prosthesis

EXCLUDES operations on muscle, tendon, and fascia of hand (82.01-82.99)

DEF: Plastic surgery of hand, fingers and wrist joints.

81.71 Arthroplasty of metacarpophalangeal and interphalangeal joint with implant**81.72 Arthroplasty of metacarpophalangeal and interphalangeal joint without implant**

AHA: 1Q, '93, 28

81.73 Total wrist replacement**81.74 Arthroplasty of carpocarpal or carpometacarpal joint with implant****81.75 Arthroplasty of carpocarpal or carpometacarpal joint without implant**
AHA: 3Q, '93, 8**81.79 Other repair of hand, fingers, and wrist****✓4th 81.8 Arthroplasty and repair of shoulder and elbow**

INCLUDES arthroplasty of upper limb NEC with: external traction or fixation graft of bone (chips) or cartilage internal fixation device or prosthesis

81.80 Total shoulder replacement

AHA: ►2Q, '08, 5◄

81.81 Partial shoulder replacement**81.82 Repair of recurrent dislocation of shoulder**

AHA: 3Q, '95, 15

81.83 Other repair of shoulder

Revision of arthroplasty of shoulder
AHA: 1Q, '02, 9; 4Q, '01, 51; 2Q, '00, 14; 3Q, '93, 5

81.84 Total elbow replacement**81.85 Other repair of elbow****✓4th 81.9 Other operations on joint structures****81.91 Arthrocentesis**

Joint aspiration

EXCLUDES that for:
arthrography (88.32)
biopsy of joint structure (80.30-80.39)
injection of drug (81.92)

DEF: Insertion of needle to withdraw fluid from joint.

81.92 Injection of therapeutic substance into joint or ligament

AHA: 2Q, '00, 14; 3Q, '89, 16

81.93 Suture of capsule or ligament of upper extremity

EXCLUDES that associated with arthroplasty (81.71-81.75, 81.80-81.81, 81.84)

81.94 Suture of capsule or ligament of ankle and foot

EXCLUDES that associated with arthroplasty (81.56-81.59)

81.95 Suture of capsule or ligament of other lower extremity

EXCLUDES that associated with arthroplasty (81.51-81.55, 81.59)

81.96 Other repair of joint